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| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER 12834-00009-US |
| INTERNATIONAL APPLICATION NO. PCT/EP2003/009201 | INTERNATIONAL FILING DATE 20 August 2003 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/525805 |
| TITLE OF INVENTION METHOD AND APPARATUS FOR TRANSFERRING THIN FILMS FROM A SOURCE POSITION TO A TARGET POSITION | | |
| APPLICANT(S) FOR DO/EO/US Raymond Puffer et al. | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). </p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). </p> <p>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ul style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Form PCT/RO/101, Form PCT/IB/306 and 308, Form PCT/IPEA/409 and 416</p> | | |

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| U.S. APPLICATION NO. (Unknown, see 37 CFR 1.5) | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107525805 | PCT/EP2003/009201 | 12834-00009-US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following fees have been submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">21. <input checked="" type="checkbox"/> Basic national fee</td> <td>\$300</td> <td>CALCULATIONS</td> <td>PTO USE ONLY</td> </tr> <tr> <td colspan="2">22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)</td> <td>\$100</td> <td></td> <td></td> </tr> <tr> <td colspan="2">All other situations</td> <td>\$200</td> <td>\$ 200.00</td> <td></td> </tr> <tr> <td colspan="2">23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority.....</td> <td>\$100</td> <td></td> <td></td> </tr> <tr> <td colspan="2">International Search Report prepared and provided to the Office</td> <td>\$400</td> <td></td> <td></td> </tr> <tr> <td colspan="2">All other situations</td> <td>\$500</td> <td>\$ 500.00</td> <td></td> </tr> <tr> <td colspan="2">TOTAL OF 21, 22 and 23 =</td> <td></td> <td>\$ 1,000.00</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. </td> <td></td> <td></td> </tr> <tr> <td>Total Sheets</td> <td>Extra sheets</td> <td>Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td>RATE</td> <td></td> </tr> <tr> <td>40 - 100 =</td> <td>/50 =</td> <td></td> <td>x \$250.00</td> <td></td> </tr> <tr> <td colspan="3">Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="2">CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td>RATE</td> </tr> <tr> <td colspan="2">Total claims</td> <td>61 - 20 =</td> <td>41</td> <td>x 50.00 \$ 2,050.00</td> </tr> <tr> <td colspan="2">Independent claims</td> <td>7 - 3 =</td> <td>4</td> <td>x 200.00 \$ 800.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td></td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>TOTAL OF ABOVE CALCULATIONS =</td> <td>\$ 3,850.00</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½. </td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL =</td> <td>\$ 3,850.00</td> </tr> <tr> <td colspan="3">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>TOTAL NATIONAL FEE =</td> <td>\$ 3,850.00</td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>TOTAL FEES ENCLOSED =</td> <td>\$ 3,850.00</td> </tr> <tr> <td colspan="3"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>Amount to be charged:</td> <td>\$</td> </tr> <tr> <td colspan="5"> a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. </td> </tr> <tr> <td colspan="5"> b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-2775</u> in the amount of \$ <u>3,850.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. </td> </tr> <tr> <td colspan="5"> c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-2775</u>. A duplicate copy of this sheet is enclosed. </td> </tr> <tr> <td colspan="5"> d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </td> </tr> <tr> <td colspan="5">NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.</td> </tr> <tr> <td colspan="5">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="5" style="text-align: right;">  SIGNATURE: <u>Richard M. Beck</u> NAME: <u>Richard M. Beck</u> </td> </tr> <tr> <td colspan="5">CUSTOMER NUMBER: 23416 <u>22,580</u> REGISTRATION NUMBER: <u>22,580</u></td> </tr> </table> | | | 21. <input checked="" type="checkbox"/> Basic national fee | | \$300 | CALCULATIONS | PTO USE ONLY | 22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) | | \$100 | | | All other situations | | \$200 | \$ 200.00 | | 23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... | | \$100 | | | International Search Report prepared and provided to the Office | | \$400 | | | All other situations | | \$500 | \$ 500.00 | | TOTAL OF 21, 22 and 23 = | | | \$ 1,000.00 | | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | 40 - 100 = | /50 = | | x \$250.00 | | Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | | | \$ | | CLAIMS | | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | | 61 - 20 = | 41 | x 50.00 \$ 2,050.00 | Independent claims | | 7 - 3 = | 4 | x 200.00 \$ 800.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | | + | \$ | | | | TOTAL OF ABOVE CALCULATIONS = | \$ 3,850.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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| 22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) | | \$100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other situations | | \$200 | \$ 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| International Search Report prepared and provided to the Office | | \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other situations | | \$500 | \$ 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF 21, 22 and 23 = | | | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 - 100 = | /50 = | | x \$250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CLAIMS | | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | | 61 - 20 = | 41 | x 50.00 \$ 2,050.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | | 7 - 3 = | 4 | x 200.00 \$ 800.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | | + | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | TOTAL OF ABOVE CALCULATIONS = | \$ 3,850.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUBTOTAL = | \$ 3,850.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | | + | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | TOTAL NATIONAL FEE = | \$ 3,850.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property | | | + | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | TOTAL FEES ENCLOSED = | \$ 3,850.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Amount to be refunded: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Amount to be charged: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-2775</u> in the amount of \$ <u>3,850.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-2775</u> . A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  SIGNATURE: <u>Richard M. Beck</u> NAME: <u>Richard M. Beck</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER NUMBER: 23416 <u>22,580</u> REGISTRATION NUMBER: <u>22,580</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10/525805
BT01 Rec'd PCT/PTC 25 FEB 2005

Application No. (if known): Not Yet Assigned

Attorney Docket No.: 12834-00009-US

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV473531059US in an envelope addressed to:

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 25, 2005
Date

Richard M. Beck

Signature

Amy Hamm RICHARD M. BECK
Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter to the United States Designated-Elected Office
Fee Transmittal
Application Data Sheet
Copy of the International application with search report attached (in English)
Copy of the specification as filed
8 sheets of drawings
Information Disclosure Statement, SB08, References
Preliminary Amendment
Postcard
Charge \$3,850.00 to deposit account 03-2775

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| Fee TRANSMITTAL For FY 2005 | | Application Number | Not Yet Assigned |
| | | Filing Date | Concurrently Herewith |
| | | First Named Inventor | Raymond Puffer |
| | | Examiner Name | Not Yet Assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | N/A |
| TOTAL AMOUNT OF PAYMENT (\$) 3,850.00 | | Attorney Docket No. | 12834-00009-US |

| | | | | | |
|---|--------------------------------------|---|-------------------------------|---|--|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: <u>03-2775</u> | | Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | | |

| | | | | | | | |
|---|------------------------|--|-----------------------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 1,000.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) <u>50</u> <u>25</u> | | | | | | | |
| Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u> | | | | | | | |
| Multiple dependent claims <u>360</u> <u>180</u> | | | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | |
| <u>61</u> | <u>- 20 =</u> | <u>41</u> | <u>× 50.00 =</u> | <u>2,050.00</u> | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| <u>7</u> | <u>- 3 =</u> | <u>4</u> | <u>× 200.00 =</u> | <u>800.00</u> | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| <u>40</u> | <u>- 100 =</u> | <u>/50</u> <u>(round up to a whole number)</u> <u>×</u> <u>=</u> | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1631 Basic National Stage fee <u>300.00</u> | | | | | | | |
| 1633 National Stage Examination Fee - all other ... <u>200.00</u> | | | | | | | |
| 1632 National Stage Search Fee - all other situations <u>500.00</u> | | | | | | | |
| 1615 National Stage claims - extra total (over twenty) <u>2,050.00</u> | | | | | | | |
| 1614 National Stage claims - extra independent (over ...) <u>800.00</u> | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Signature | <i>Richard M. Beck</i> | | Registration No. (Attorney/Agent) | 22,580 | Telephone | (302) 658-9141 | |
| Name (Print/Type) | Richard M. Beck | | Date | February 25, 2005 | | | |